



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

CHILD SUPPORT REFERRAL

The Division of Child Support will use your social security number for child support enforcement purposes as defined in Title IV-D of the Social Security Act.

A. INFORMATION ABOUT THE CHILDREN'S PARENTS

MOTHER OF CHILDREN					FATHER OF CHILDREN						
Name (First/Middle/Last):					Name (First/Middle/Last):						
Other Names Used:					Other Names Used:						
P.O. Box or Street Address:					P.O. Box or Street Address:						
City:		State:		Zip Code:		City:		State:		Zip Code:	
Home Telephone Number:		Message Telephone Number:			Home Telephone Number:		Message Telephone Number:				
Social Security Number:		Date of Birth (Month/Day/Year):			Social Security Number:		Date of Birth (Month/Day/Year):				
Place of Birth (City/County/State/Country):					Place of Birth (City/County/State/Country):						
Race:	Height:	Weight:	Hair Color:	Eye Color:	Race:	Height:	Weight:	Hair Color:	Eye Color:		
Native Language (If correspondence needed in other than English):					Native Language (If correspondence needed in other than English):						
If enrolled in an Indian Tribe, name of the Tribe:					If enrolled in an Indian Tribe, name of the Tribe:						
Lives on an Indian Reservation: <input type="checkbox"/> No <input type="checkbox"/> Yes					Lives on an Indian Reservation: <input type="checkbox"/> No <input type="checkbox"/> Yes						
Last-known Employer's Name:					Last-known Employer's Name:						
Employer's P. O. Box or Street Address:					Employer's P. O. Box or Street Address:						
Employer's City:		State:		Zip Code:		Employer's City:		State:		Zip Code:	
Employer's Telephone Number:					Employer's Telephone Number:						
Mother's Father's Name:		Mother's Mother's Maiden Name:			Father's Father's Name:		Father's Mother's Maiden Name:				

B. THE CHILDREN'S RESIDENCE

The children listed on page 2 live with: ☐ Mother ☐ Father ☐ Other (specify): _____

C. IF THE CHILDREN DO NOT LIVE WITH THE MOTHER OR FATHER, COMPLETE THIS SECTION

Your name:	Your P.O. Box or Street Address:		
Your Social Security Number:	Your City:	Your State:	Your Zip Code:
Your Telephone Number:	Your Relationship to the Children:		

D. INFORMATION ABOUT THE CHILDREN FOR WHOM YOU WANT CHILD SUPPORT**List only the children of the parents listed on page 1 that live in your home. Use a continuation sheet if needed.**

Child's Name (First/Middle/Last):	Sex:	Social Security Number:	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):		
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, then where (County/State):		
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):	

Child's Name (First/Middle/Last):	Sex:	Social Security Number:	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):		
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, then where (County/State):		
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):	

Child's Name (First/Middle/Last):	Sex:	Social Security Number:	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):		
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, then where (County/State):		
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):	

E. MARRIAGE INFORMATION FOR THE PARENTS OF THE CHILDREN LISTED ABOVE

Date Married (Month/Day/Year):	Place Married (County/State):
Date Divorced (Month/Day/Year):	Place Divorced (County/State):
Date Separated (Month/Day/Year):	Place Separated (County/State):

F. PUBLIC ASSISTANCE AND CHILD SUPPORT PAYMENT INFORMATION

Have you or the children listed above ever received public assistance in another state? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, where (Counties/States):
If yes, when (Months/Years):
If there is a child support order(s) for the children listed above and you ever received child support payments for the children, what is the total amount you received? \$ _____. Please attach copies of all support orders.

G. DECLARATION

I agree to tell the Division of Child Support immediately, in writing, of any new or changed information that relates to collecting child support from the parent responsible for paying support.

I certify or declare under penalty of perjury, under the laws of the state of Washington, that the forgoing is true and correct.

Signed at _____, Washington.

Signature:	Date:
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No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.